



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Moore	Cynthia		916-658-0144
MAILING ADDRESS (Street)			FAX
925 L Street, Suite 1200			
(City)	(State)	(Zip Code)	
Sacramento	California	95814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			N/A
MAILING ADDRESS (Street)			FAX
N/A			
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Pharmaceutical Research & Manufacturers of America (PhRMA)			916-498-3304
MAILING ADDRESS (Street)			FAX
980 9th Street, Suite 2200			916-498-3370
(City)	(State)	(Zip Code)	
Sacramento	California	95814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Elizabeth Z. Bartz, President			330-761-9960
MAILING ADDRESS (Street)			FAX
State and Federal Communications, Inc. 80 South Summit Street, Suite 100			330-761-9965
(City)	(State)	(Zip Code)	
Akron	Ohio	44308	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) Pharmaceuticals
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

May 19, 2005
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Merrill Jacobs

Deputy Vice President

NAME OF ORGANIZATION (if applicable)

Pharmaceutical Research & Manufacturers of America (PhRMA)

TELEPHONE

916-498-3304

MAILING ADDRESS (Street)

980 9th Street, Suite 2200

FAX

916-498-3370

(City)

Sacramento

(State)

California

(Zip Code)

95814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

5/18/05
(Date)